

2018-11-29 11:05

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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Charter
Certification from
Keisha Jones-Aiken
Express Rides Transportation
Services, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 373 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Express Rides Transportation Services, LLC / Keisha Jones-Aiken

Telephone: 803-937-9438

Address: 121 Frazier Lane
Cordova SC 29039

Fax:

Other:

Email: ExpressRides2018@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: 

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CLERK'S OFFICE

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 11-29-18

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Express Rides Transportation Services, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

121 Frazier Lane Cordova SC 29039
Street Address of Applicant

Same as above

Mailing Address of Applicant (if different from street address)

803-937-9438

Phone

Fax

expressrides2018@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Keisha Jones-Aiken

121 Frazier Lane, Cordova SC 29039

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	60,000	Mortgage/Loan on Real Estate	45,000
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand	3,000	Business/Other Loans Owed	
Cash in Bank	50,000	Other Liabilities or Debts	
Value of Other Assets and Equipment		Total Liabilities	45,000
Total Assets	113,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Contracted Rates with ISC Medical
 Ambulatory Base Rate \$25.30
 Wheelchair Base Rate \$45.50
 Wait time \$15.30 per 30 mins
 .55 per mileage
 mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

2018-12-04 16:40

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Keisha Aiken

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	02 Grand Caravan	1B4GP24332B595537	3906	

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2018-11-05 13:26

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INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Express Rides Transportation Services, LLC

Name of Motor Carrier

121 Frazier Lane Cordova, SC 29039

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 5271.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Johnson & Johnson, Inc

Name of Insurance Company

200 Wingo Way Ste 200 Mt. Pleasant, SC 29464

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-20-18

Date

Rana M Smith

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

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NEW BUSINESS BINDER

Quote # 1685833 Version # 1 Revision # 1

Binder # 71APR370876

Insured: EXPRESS RIDERS TRANSPORTATION SERVICES LLC

Date Issued: 11/20/2018



Johnson & Johnson

Agency: 805467

GAILLARD DOTYER AGENCY LLC ORANGEBURG

Applicant Information:

EXPRESS RIDERS TRANSPORTATION SERVICES LLC

121 FRAZIER LANE

CORDOVA, SC 29039

Underwriter:

Maximum Earned Premium:

25.0000%

NO FLAT CANCELLATIONS

Term Length: 12 Months

Commission: 10.00%

Requested Policy Period: 11/20/2018 to 11/20/2019 12:01 a.m. Standard Time at the Described Location

CARRIER AND PREMIUM DISTRIBUTION**CARRIER(S)****LINE OF BUSINESS****CARRIER**

Public Auto

413 - COLUMBIA INSURANCE COMPANY (ADMITTED) (AN ADMITTED A++ CARRIER)

PREMIUM**COVERAGE PART****PREMIUM WITHOUT TERRORISM**

Public Auto

\$5,271.00

Total Base Premium

\$5,271.00

Total Amount Due

\$5,271.00 *

*Please refer to the attached quote letter for additional Terrorism charges and terms.

THE TERMS AND CONDITIONS OF THIS BINDER MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS BINDER CAREFULLY AND COMPARE IT AGAINST YOUR QUOTE AND SUBMISSION DOCUMENTS.

POLICY ISSUANCE INSTRUCTIONS

Coverage is bound and subject to no flat cancellations. A complete policy will be issued once all required information is received. The following items are due on 11/30/2018. The requested effective date may be changed if this information is not received by the date above.

- Full Premium or JDPF Down Payment
- A copy of this binder letter
- Completed and signed supplemental application
- South Carolina Uninsured/Underinsured Selection/Rejection Form
- Full gross premium received by J&J and/or signed finance agreement with downpayment
- Due to new J&J binding procedures, we must have a fully completed and signed application at the time of binding. Please make sure all limits and coverages on the application match the quote. Again, we cannot bind coverage without the signed application.

UNDERWRITER NOTES

This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.

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1 message

Tue, Nov 20, 2018 at 3:20 PM

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Gmail - Fw: Insured's Name: EXPRESS RIDERS TRANSPORTATION SERVICES L.L.C. Page 2 of 3

Thanks again for the binder!

Debbie for Dave Carlough

Debbie Miller, TRS

Senior Underwriter

Transportation

Johnson & Johnson Inc.

P. O. Box 899

Charleston, SC 29402

Direct: 843 577-1440

(800) 487-7565 Ext. 3040

debbie.miller@jjins.com

www.jjins.com

How's my customer service? Please let my manager know by clicking here.



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11-29-18

Application for
Class C Certificate.6 ~~4~~ pages

— Thanks

Keisha Jones-Aiken - 803-937-9438
Express Rides Transportation
Services, LLC

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Exhibit Fit, Willing, and Able (FWA)Express Rides Transportation Services, LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Keisha Jones Allen
Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

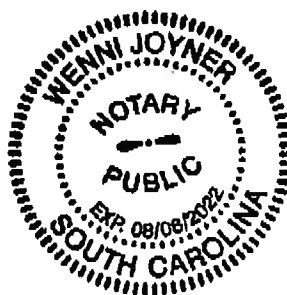
COUNTY OF Orangeburg)

SWORN TO BEFORE ME
This 28th day of Nov, 2018

Wendi S. Joyner

Notary Public

Commission Expires Aug 06, 2022



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Express Rides Transportation Services , LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 19th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of September, 2018.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

2018-11-29 11:06

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CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 180919-1503395

Filing Date: 09/19/2018

Sep 19 2018
REFERENCE ID: 214223

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Express Rides Transportation Services , LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
121 Frazier Lane

(Street Address)

Cordova, South Carolina 29039

(City, State, Zip Code)

3. The initial agent for service of process is

Keisha Jones-Aiken

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

121 Frazier Lane

(Street Address)

Cordova

South Carolina 29039

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Keisha Jones-Aiken

(Name)

121 Frazier Lane

(Street Address)

Cordova, South Carolina 29039

(City, State, Zip Code)

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ORIGINAL ON FILE IN THIS OFFICE

Sep 19 2018

REFERENCE ID: 214223

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Express Rides Transportation Services , LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Donnie Aiken

(Name)

121 Frazier Lane

(Street Address)

Cordova, South Carolina 29039

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 09/19/2018.

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CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 19 2018

REFERENCE ID: 214223


SECRETARY OF STATE OF SOUTH CAROLINA

Express Rides Transportation Services , LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Keisha Jones-Aiken

Signature of Organizer

Date: 09/19/2018

Signature of Organizer

Date: